01/08/2016 14 : 33

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| 1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO (D) Address (number and street) | 1 /5\ 1 | ome of Individual Organization or Cornection | | | |
|--|--------------|---|--|------------------------------------|--|
| 1625 L STREET NW (c) City, State and ZIP Code WASHINGTON DC 20036 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report 5. COVERING PERIOD: FROM 12 19 2016 6. TOTAL CONTRIBUTIONS | AMERI | CAN FEDERATION OF STATE COUNTY AND M | | | |
| WASHINGTON DC 20036 3. FEU Identification Number C 20036 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 12 19 2015 THROUGH 01 08 2016 6. TOTAL CONTRIBUTIONS | | | sly reported | | |
| WASHINGTON DC 20036 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 12 19 2015 THROUGH 01 08 2016 6. TOTAL CONTRIBUTIONS | (c) C | ity, State and ZIP Code | | 0.55011.85.85.11 | |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filled on FROM 12 13 13 2015 THROUGH 01 08 2016 6. TOTAL CONTRIBUTIONS | | | | 3. FEC Identification Number | |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filled on FROM 12 13 13 2015 THROUGH 01 08 2016 6. TOTAL CONTRIBUTIONS | C C00044472 | | | | |
| (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filled on 5. COVERING PERIOD: FROM 12 19 2015 THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS | 2. Occu | pation and Name of Employer (for Individual Filers Only) | | 0 030011172 | |
| (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filled on 5. COVERING PERIOD: FROM 12 19 2015 THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS | | | | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | | (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes 5. COVERING PERIOD: FROM 12 19 | 48-Hour Report , it amends the report filed on / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M / D D / Y Y Y Y | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] CLAUDETTE WINGFIELD 01/08/2016 | | | | | |
| of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] CLAUDETTE WINGFIELD 01/08/2016 | | | | 11300.40 | |
| CLAUDETTE WINGFIELD CLAUDETTE WINGFIELD CLAUDETTE WINGFIELD 01/08/2016 | | | | | |
| 01/08/2016 | [El | | | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g. | CLAUDI | ETTE WINGFIELD | CLAUDETTE WINGFIELD | 01/08/2016 | |
| | | NOTE: Submission of false, erroneous or incomplete information may | subject the person signing this report to | o the penalties of 2 U.S.C. §437g. | |